

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097622032** FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	/						53						
4	/						54						
5	/						55						
6	/						56						
7	/						57						
8	/						58						
9	/						59						
10	/						60						
11	/						61						
12	/						62						
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18	/						68						
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38	/						88						
39	/						89						
40	/						90						
41	/						91						
42	/						92						
43	/						93						
44	/						94						
45	/						95						
46	/						96						
47	/						97						
48	/						98						
49	/						99						
50	/						100						
TOTAL IND.	21	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	21	↓		↓		↓	TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS	23						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY